

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
Skilled Healthcare Group Inc. Political Action Committee

ADDRESS (number and street) 27442 Portola Parkway Suite 200
 Check if different than previously reported. (ACC)
Foothill Ranch CA 92610

2. **FEC IDENTIFICATION NUMBER** C00442426
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 07 01 2010 through 09 30 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jon Sadayasu
Signature of Treasurer Electronically Filed by Jon Sadayasu Date 10 08 2010

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office Use Only **FEC FORM 3X** (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
Skilled Healthcare Group Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		58279.42
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	67986.34									
(c) Total Receipts (from Line 19)	8310.12	22343.04								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	76296.46	80622.46								
7. Total Disbursements (from Line 31)	2700.00	7026.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	73596.46	73596.46								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
Skilled Healthcare Group Inc. Political Action Committee

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	6070.22	13311.44
(ii) Unitemized	2239.90	8931.60
(iii) TOTAL (add Lines 11(a)(i) and (ii)	8310.12	22243.04
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	8310.12	22243.04
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	100.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	8310.12	22343.04
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	8310.12	22343.04

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	2700.00	6526.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	2700.00	7026.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2700.00	7026.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	8310.12	22243.04
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8310.12	22243.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kelly Atkins

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 468.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: A2010-1568289

Amount of Each Receipt this Period
36.00

B.

Full Name (Last, First, Middle Initial)
Kelly Atkins

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 504.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2010

Transaction ID: A2010-1954188

Amount of Each Receipt this Period
36.00

C.

Full Name (Last, First, Middle Initial)
Kelly Atkins

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: A2010-1954323

Amount of Each Receipt this Period
36.00

SUBTOTAL of Receipts This Page (optional) ► 108.00

TOTAL This Period (last page this line number only) ►

A. Form/Schedule : **SA11AI**

Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Kelly Atkins		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2403023
	City Foothill Ranch	State CA	Zip Code 92610
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
	Name of Employer Skilled Healthcare LLC	Occupation Area President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 576.00	

B.	Full Name (Last, First, Middle Initial) Kelly Atkins		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2402887
	City Foothill Ranch	State CA	Zip Code 92610
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
	Name of Employer Skilled Healthcare LLC	Occupation Area President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 612.00	

C.	Full Name (Last, First, Middle Initial) Kelly Atkins		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2402752
	City Foothill Ranch	State CA	Zip Code 92610
	FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 36.00
	Name of Employer Skilled Healthcare LLC	Occupation Area President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 648.00	

SUBTOTAL of Receipts This Page (optional)	▶	108.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Kelly Atkins</p> <p>Mailing Address 27442 Portola Pkwy #200</p> <p>City State Zip Code Foothill Ranch CA 92610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Skilled Healthcare LLC Occupation Area President</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 684.00</p>	<p>Date of Receipt 09 / 24 / 2010</p> <p>Transaction ID: A2010-2620254</p> <p>Amount of Each Receipt this Period 36.00</p>
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<p>B. Full Name (Last, First, Middle Initial) Carrie Benefield</p> <p>Mailing Address 27637 Portola Pkwy #200</p> <p>City State Zip Code Foothill Ranch CA 92610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Skilled Healthcare LLC Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 350.00</p>	<p>Date of Receipt 07 / 09 / 2010</p> <p>Transaction ID: A2010-1954147</p> <p>Amount of Each Receipt this Period 50.00</p>
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<p>C. Full Name (Last, First, Middle Initial) Carrie Benefield</p> <p>Mailing Address 27637 Portola Pkwy #200</p> <p>City State Zip Code Foothill Ranch CA 92610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Skilled Healthcare LLC Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 07 / 23 / 2010</p> <p>Transaction ID: A2010-1954293</p> <p>Amount of Each Receipt this Period 50.00</p>
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SUBTOTAL of Receipts This Page (optional)	136.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 50
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Carrie Benefield		Date of Receipt
	Mailing Address 27637 Portola Pkwy #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 06 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-2382427
Name of Employer Skilled Healthcare LLC		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 50.00

B.	Full Name (Last, First, Middle Initial) Carrie Benefield		Date of Receipt
	Mailing Address 27637 Portola Pkwy #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 20 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-2402993
Name of Employer Skilled Healthcare LLC		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 500.00	<input type="text"/> 50.00

C.	Full Name (Last, First, Middle Initial) Carrie Benefield		Date of Receipt
	Mailing Address 27637 Portola Pkwy #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 03 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-2402857
Name of Employer Skilled Healthcare LLC		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 550.00	<input type="text"/> 50.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Carrie Benefield		Date of Receipt M M / D D / Y Y Y Y Y 09 / 17 / 2010		
	Mailing Address 27637 Portola Pkwy #200		Transaction ID: A2010-2620224		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation Administrator	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
600.00

B.	Full Name (Last, First, Middle Initial) William A Crommett		Date of Receipt M M / D D / Y Y Y Y Y 07 / 02 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1568286		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
520.00

C.	Full Name (Last, First, Middle Initial) William A Crommett		Date of Receipt M M / D D / Y Y Y Y Y 07 / 16 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1954185		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 40.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation CIOSVP IT	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Aggregate Year-to-Date ▼
560.00

SUBTOTAL of Receipts This Page (optional)	▶	130.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: A2010-1954320

Amount of Each Receipt this Period
40.00

B. Full Name (Last, First, Middle Initial)
William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 640.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: A2010-2403020

Amount of Each Receipt this Period
40.00

C. Full Name (Last, First, Middle Initial)
William A Crommett

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 680.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: A2010-2402884

Amount of Each Receipt this Period
40.00

SUBTOTAL of Receipts This Page (optional) ► 120.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
William A Crommett
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 720.00
 Date of Receipt 09 / 10 / 2010
Transaction ID: A2010-2402749
 Amount of Each Receipt this Period 40.00

B. Full Name (Last, First, Middle Initial)
William A Crommett
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CIOSVP IT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 760.00
 Date of Receipt 09 / 24 / 2010
Transaction ID: A2010-2620251
 Amount of Each Receipt this Period 40.00

C. Full Name (Last, First, Middle Initial)
Huong Dang
 Mailing Address 2909 West Willits
 City State Zip Code
 Santa Ana CA 92704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 390.00
 Date of Receipt 07 / 02 / 2010
Transaction ID: A2010-1568298
 Amount of Each Receipt this Period 30.00

SUBTOTAL of Receipts This Page (optional) ► 110.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Huong Dang

Mailing Address 2909 West Willits

City State Zip Code
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 420.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: A2010-1954197

Amount of Each Receipt this Period
30.00

B.

Full Name (Last, First, Middle Initial)
Huong Dang

Mailing Address 2909 West Willits

City State Zip Code
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: A2010-1954332

Amount of Each Receipt this Period
30.00

C.

Full Name (Last, First, Middle Initial)
Huong Dang

Mailing Address 2909 West Willits

City State Zip Code
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 480.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: A2010-2403032

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Huong Dang

Mailing Address 2909 West Willits

City State Zip Code
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 510.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: A2010-2402897

Amount of Each Receipt this Period
30.00

B. Full Name (Last, First, Middle Initial)
Huong Dang

Mailing Address 2909 West Willits

City State Zip Code
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 540.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: A2010-2402762

Amount of Each Receipt this Period
30.00

C. Full Name (Last, First, Middle Initial)
Huong Dang

Mailing Address 2909 West Willits

City State Zip Code
Santa Ana CA 92704

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Internal Audit

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 570.00

Date of Receipt
MM / DD / YYYY
09 / 24 / 2010

Transaction ID: A2010-2620263

Amount of Each Receipt this Period
30.00

SUBTOTAL of Receipts This Page (optional) ► 90.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kelly Delk

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 325.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: A2010-1568300

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Kelly Delk

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2010

Transaction ID: A2010-1954199

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Kelly Delk

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 30 / 2010

Transaction ID: A2010-1954334

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kelly Delk

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 1 3 / 2 0 1 0

Transaction ID: A2010-2403034

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Kelly Delk

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: A2010-2402899

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Kelly Delk

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Area President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Transaction ID: A2010-2402764

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ► **75.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kelly Delk
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation Area President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00
 Date of Receipt 09 / 24 / 2010
Transaction ID: A2010-2620265
 Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Robert Fancy
 Mailing Address 27442 Portola Parkway
 City State Zip Code
 Foothill Ranch CA 96210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation VP Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00
 Date of Receipt 07 / 02 / 2010
Transaction ID: A2010-1568303
 Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Robert Fancy
 Mailing Address 27442 Portola Parkway
 City State Zip Code
 Foothill Ranch CA 96210
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation VP Risk Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00
 Date of Receipt 07 / 16 / 2010
Transaction ID: A2010-1954202
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 75.00
TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Robert Fancy		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
Mailing Address 27442 Portola Parkway		Transaction ID: A2010-1954337
City State Zip Code Foothill Rnach CA 96210	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer Skilled Healthcare LLC	Occupation VP Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) Robert Fancy		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
Mailing Address 27442 Portola Parkway		Transaction ID: A2010-2403037
City State Zip Code Foothill Rnach CA 96210	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer Skilled Healthcare LLC	Occupation VP Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Robert Fancy		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
Mailing Address 27442 Portola Parkway		Transaction ID: A2010-2402902
City State Zip Code Foothill Rnach CA 96210	FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00
Name of Employer Skilled Healthcare LLC	Occupation VP Risk Management	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Robert Fancy		Date of Receipt
	Mailing Address 27442 Portola Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 10 / 2010
	City	State	Zip Code
	Foothill Rnch	CA	96210
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-2402767
Name of Employer Skilled Healthcare LLC		Occupation VP Risk Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 25.00

B.	Full Name (Last, First, Middle Initial) Robert Fancy		Date of Receipt
	Mailing Address 27442 Portola Parkway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 24 / 2010
	City	State	Zip Code
	Foothill Rnch	CA	96210
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-2620268
Name of Employer Skilled Healthcare LLC		Occupation VP Risk Management	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 375.00	<input type="text"/> 25.00

C.	Full Name (Last, First, Middle Initial) Christopher Felfe		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 07 / 02 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-1568293
Name of Employer Skilled Healthcare LLC		Occupation CAO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 325.00	<input type="text"/> 25.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 75.00
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: A2010-1954192

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: A2010-1954327

Amount of Each Receipt this Period
25.00

C. Full Name (Last, First, Middle Initial)
Christopher Felfe

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation CAO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: A2010-2403027

Amount of Each Receipt this Period
25.00

SUBTOTAL of Receipts This Page (optional) ▶ **75.00**

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Christopher Felfe
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 425.00
 Date of Receipt MM / DD / YYYY
 08 / 27 / 2010
Transaction ID: A2010-2402892
 Amount of Each Receipt this Period 25.00

B. Full Name (Last, First, Middle Initial)
Christopher Felfe
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00
 Date of Receipt MM / DD / YYYY
 09 / 10 / 2010
Transaction ID: A2010-2402757
 Amount of Each Receipt this Period 25.00

C. Full Name (Last, First, Middle Initial)
Christopher Felfe
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CAO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 475.00
 Date of Receipt MM / DD / YYYY
 09 / 24 / 2010
Transaction ID: A2010-2620258
 Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ► 75.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

<p>A. Full Name (Last, First, Middle Initial) Denise German</p> <p>Mailing Address 27442 Portola Pkwy #200</p> <p>City State Zip Code Foothill Ranch CA 92610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Skilled Healthcare LLC Occupation VPO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 260.00</p>	<p>Date of Receipt 07 / 02 / 2010</p> <p>Transaction ID: A2010-1568290</p> <p>Amount of Each Receipt this Period 20.00</p>
---	---

<p>B. Full Name (Last, First, Middle Initial) Denise German</p> <p>Mailing Address 27442 Portola Pkwy #200</p> <p>City State Zip Code Foothill Ranch CA 92610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Skilled Healthcare LLC Occupation VPO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 280.00</p>	<p>Date of Receipt 07 / 16 / 2010</p> <p>Transaction ID: A2010-1954189</p> <p>Amount of Each Receipt this Period 20.00</p>
---	---

<p>C. Full Name (Last, First, Middle Initial) Denise German</p> <p>Mailing Address 27442 Portola Pkwy #200</p> <p>City State Zip Code Foothill Ranch CA 92610</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Skilled Healthcare LLC Occupation VPO</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 300.00</p>	<p>Date of Receipt 07 / 30 / 2010</p> <p>Transaction ID: A2010-1954324</p> <p>Amount of Each Receipt this Period 20.00</p>
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SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12		
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Denise German

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: A2010-2403024

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Denise German

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: A2010-2402888

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Denise German

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VPO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: A2010-2402753

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Denise German

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skilled Healthcare LLC VPO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 380.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: A2010-2620255

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skilled Healthcare LLC CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 0 2 / 2 0 1 0

Transaction ID: A2010-1568285

Amount of Each Receipt this Period
200.00

C.

Full Name (Last, First, Middle Initial)
Boyd W Hendrickson

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Skilled Healthcare LLC CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2800.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 7 / 1 6 / 2 0 1 0

Transaction ID: A2010-1954184

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ▶

420.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Boyd W Hendrickson
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00
 Date of Receipt 07 / 30 / 2010
Transaction ID: A2010-1954319
 Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Boyd W Hendrickson
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3200.00
 Date of Receipt 08 / 13 / 2010
Transaction ID: A2010-2403019
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Boyd W Hendrickson
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3400.00
 Date of Receipt 08 / 27 / 2010
Transaction ID: A2010-2402883
 Amount of Each Receipt this Period 200.00

SUBTOTAL of Receipts This Page (optional) ► 600.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Boyd W Hendrickson
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3600.00
 Date of Receipt 09 / 10 / 2010
Transaction ID: A2010-2402748
 Amount of Each Receipt this Period 200.00

B. Full Name (Last, First, Middle Initial)
Boyd W Hendrickson
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3800.00
 Date of Receipt 09 / 24 / 2010
Transaction ID: A2010-2620250
 Amount of Each Receipt this Period 200.00

C. Full Name (Last, First, Middle Initial)
Kristina Hintgen
 Mailing Address 27442 Portola Pkwy #200
 City State Zip Code
 Foothill Ranch CA 92610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Skilled Healthcare LLC Occupation SVP HR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00
 Date of Receipt 07 / 02 / 2010
Transaction ID: A2010-1568295
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 420.00
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kristina Hintgen

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
MM / DD / YYYY
07 / 16 / 2010

Transaction ID: A2010-1954194

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Kristina Hintgen

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
07 / 30 / 2010

Transaction ID: A2010-1954329

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Kristina Hintgen

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: A2010-2403029

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Kristina Hintgen

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 8 / 2 7 / 2 0 1 0

Transaction ID: A2010-2402894

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Kristina Hintgen

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 1 0 / 2 0 1 0

Transaction ID: A2010-2402759

Amount of Each Receipt this Period
20.00

C.

Full Name (Last, First, Middle Initial)
Kristina Hintgen

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP HR

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt
M M / D D / Y Y Y Y Y
0 9 / 2 4 / 2 0 1 0

Transaction ID: A2010-2620260

Amount of Each Receipt this Period
20.00

SUBTOTAL of Receipts This Page (optional) ► **60.00**

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 50

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Lorraine Kozloski		Date of Receipt MM / DD / YYYY 07 / 02 / 2010		
	Mailing Address 534 Via Estrada Unit A		Transaction ID: A2010-1568296		
	City Laguna Woods	State CA	Zip Code 92637	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation Accountant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 260.00			

B.	Full Name (Last, First, Middle Initial) Lorraine Kozloski		Date of Receipt MM / DD / YYYY 07 / 16 / 2010		
	Mailing Address 534 Via Estrada Unit A		Transaction ID: A2010-1954195		
	City Laguna Woods	State CA	Zip Code 92637	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation Accountant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 280.00			

C.	Full Name (Last, First, Middle Initial) Lorraine Kozloski		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 534 Via Estrada Unit A		Transaction ID: A2010-1954330		
	City Laguna Woods	State CA	Zip Code 92637	Amount of Each Receipt this Period 20.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation Accountant			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 300.00			

SUBTOTAL of Receipts This Page (optional)

60.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Lorraine Kozloski

Mailing Address 534 Via Estrada Unit A

City Laguna Woods State CA Zip Code 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 320.00

Date of Receipt 08 / 13 / 2010
Transaction ID: A2010-2403030
 Amount of Each Receipt this Period 20.00

B. Full Name (Last, First, Middle Initial)
Lorraine Kozloski

Mailing Address 534 Via Estrada Unit A

City Laguna Woods State CA Zip Code 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 340.00

Date of Receipt 08 / 27 / 2010
Transaction ID: A2010-2402895
 Amount of Each Receipt this Period 20.00

C. Full Name (Last, First, Middle Initial)
Lorraine Kozloski

Mailing Address 534 Via Estrada Unit A

City Laguna Woods State CA Zip Code 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 360.00

Date of Receipt 09 / 10 / 2010
Transaction ID: A2010-2402760
 Amount of Each Receipt this Period 20.00

SUBTOTAL of Receipts This Page (optional) ► 60.00

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Lorraine Kozloski

Mailing Address 534 Via Estrada Unit A

City Laguna Woods State CA Zip Code 92637

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Accountant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 380.00

Date of Receipt 09 / 24 / 2010

Transaction ID: A2010-2620261

Amount of Each Receipt this Period 20.00

B.

Full Name (Last, First, Middle Initial)
Zachary Larson

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 02 / 2010

Transaction ID: A2010-1568304

Amount of Each Receipt this Period 25.00

C.

Full Name (Last, First, Middle Initial)
Zachary Larson

Mailing Address 27442 Portola Parkway

City Foothill Ranch State CA Zip Code 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 07 / 16 / 2010

Transaction ID: A2010-1954203

Amount of Each Receipt this Period 25.00

SUBTOTAL of Receipts This Page (optional) ▶ 70.00

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Zachary Larson		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
Mailing Address 27442 Portola Parkway		Transaction ID: A2010-1954338
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

B.

Full Name (Last, First, Middle Initial) Zachary Larson		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
Mailing Address 27442 Portola Parkway		Transaction ID: A2010-2403038
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Zachary Larson		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
Mailing Address 27442 Portola Parkway		Transaction ID: A2010-2402903
City Foothill Ranch	State CA	Zip Code 96210
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Skilled Healthcare LLC	Occupation Associate Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 325.00	

SUBTOTAL of Receipts This Page (optional)	75.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Zachary Larson

Mailing Address 27442 Portola Parkway

City State Zip Code
Foothill Ranch CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 350.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 10 / 2010

Transaction ID: A2010-2402768

Amount of Each Receipt this Period
25.00

B.

Full Name (Last, First, Middle Initial)
Zachary Larson

Mailing Address 27442 Portola Parkway

City State Zip Code
Foothill Ranch CA 96210

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Associate Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 375.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: A2010-2620269

Amount of Each Receipt this Period
25.00

C.

Full Name (Last, First, Middle Initial)
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 499.98

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: A2010-1568291

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► 88.46

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Frederic Maas		Date of Receipt MM / DD / YYYY 07 / 16 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1954190
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer Skilled Healthcare LLC	Occupation SVP Director of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 538.44	

B.

Full Name (Last, First, Middle Initial) Frederic Maas		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1954325
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer Skilled Healthcare LLC	Occupation SVP Director of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 576.90	

C.

Full Name (Last, First, Middle Initial) Frederic Maas		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2403025
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 38.46
Name of Employer Skilled Healthcare LLC	Occupation SVP Director of Tax	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 615.36	

SUBTOTAL of Receipts This Page (optional)	115.38
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 653.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	7	/	2	0	1	0

Transaction ID: A2010-2402890

Amount of Each Receipt this Period
38.46

B. Full Name (Last, First, Middle Initial)
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 692.28

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	1	0	/	2	0	1	0

Transaction ID: A2010-2402755

Amount of Each Receipt this Period
38.46

C. Full Name (Last, First, Middle Initial)
Frederic Maas

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Director of Tax

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 730.74

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	9	/	2	4	/	2	0	1	0

Transaction ID: A2010-2620256

Amount of Each Receipt this Period
38.46

SUBTOTAL of Receipts This Page (optional) ► **115.38**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Jimmy Melton

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 220.00

Date of Receipt
M M / D D / Y Y Y Y Y
09 / 24 / 2010

Transaction ID: A2010-2620321

Amount of Each Receipt this Period
20.00

B.

Full Name (Last, First, Middle Initial)
Roland Rapp

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2304.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 02 / 2010

Transaction ID: A2010-1568287

Amount of Each Receipt this Period
192.00

C.

Full Name (Last, First, Middle Initial)
Roland Rapp

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation General Counsel/CAO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2496.00

Date of Receipt
M M / D D / Y Y Y Y Y
07 / 16 / 2010

Transaction ID: A2010-1954186

Amount of Each Receipt this Period
192.00

SUBTOTAL of Receipts This Page (optional) ▶ **404.00**

TOTAL This Period (last page this line number only) ▶

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1954321
City	State	Zip Code
Foothill Ranch	CA	92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2688.00	

B.

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 08 / 13 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2403021
City	State	Zip Code
Foothill Ranch	CA	92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2880.00	

C.

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2402885
City	State	Zip Code
Foothill Ranch	CA	92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3072.00	

SUBTOTAL of Receipts This Page (optional)	576.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2402750
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3264.00	

B.

Full Name (Last, First, Middle Initial) Roland Rapp		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2620252
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 192.00
Name of Employer Skilled Healthcare LLC	Occupation General Counsel/CAO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 3456.00	

C.

Full Name (Last, First, Middle Initial) Scott C Robinson		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 717 W. Balboa Blvd.		Transaction ID: A2010-1954134
City Balboa	State CA	Zip Code 92661
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 15.00
Name of Employer Skilled Healthcare LLC	Occupation President Hospice	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 210.00	

SUBTOTAL of Receipts This Page (optional)	399.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 50
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Scott C Robinson

Mailing Address 717 W. Balboa Blvd.

City Balboa State CA Zip Code 92661

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President Hospice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 225.00

Date of Receipt 07 / 23 / 2010

Transaction ID: A2010-1954281

Amount of Each Receipt this Period 15.00

B.

Full Name (Last, First, Middle Initial)
Scott C Robinson

Mailing Address 717 W. Balboa Blvd.

City Balboa State CA Zip Code 92661

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President Hospice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt 08 / 06 / 2010

Transaction ID: A2010-2382415

Amount of Each Receipt this Period 15.00

C.

Full Name (Last, First, Middle Initial)
Scott C Robinson

Mailing Address 717 W. Balboa Blvd.

City Balboa State CA Zip Code 92661

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President Hospice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 255.00

Date of Receipt 08 / 20 / 2010

Transaction ID: A2010-2402981

Amount of Each Receipt this Period 15.00

SUBTOTAL of Receipts This Page (optional) ► 45.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 50
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Scott C Robinson

Mailing Address 717 W. Balboa Blvd.

City Balboa State CA Zip Code 92661

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President Hospice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 270.00

Date of Receipt: 09 / 03 / 2010
Transaction ID: A2010-2402846
 Amount of Each Receipt this Period: 15.00

B. Full Name (Last, First, Middle Initial)
Scott C Robinson

Mailing Address 717 W. Balboa Blvd.

City Balboa State CA Zip Code 92661

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation President Hospice

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 285.00

Date of Receipt: 09 / 17 / 2010
Transaction ID: A2010-2620213
 Amount of Each Receipt this Period: 15.00

C. Full Name (Last, First, Middle Initial)
Jon Sadayasu

Mailing Address 27442 Portola Pkwy #200

City Foothill Ranch State CA Zip Code 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation VP Finance Controller

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 260.00

Date of Receipt: 07 / 02 / 2010
Transaction ID: A2010-1568294
 Amount of Each Receipt this Period: 20.00

SUBTOTAL of Receipts This Page (optional) ► 50.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 42 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Jon Sadayasu		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 16 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-1954193
Name of Employer Skilled Healthcare LLC		Occupation VP Finance Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 280.00	<input type="text"/> 20.00

B.	Full Name (Last, First, Middle Initial) Jon Sadayasu		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 30 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-1954328
Name of Employer Skilled Healthcare LLC		Occupation VP Finance Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 300.00	<input type="text"/> 20.00

C.	Full Name (Last, First, Middle Initial) Jon Sadayasu		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 13 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-2403028
Name of Employer Skilled Healthcare LLC		Occupation VP Finance Controller	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ <input type="text"/> 320.00	<input type="text"/> 20.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 60.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Jon Sadayasu		Date of Receipt MM / DD / YYYY 08 / 27 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2402893
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation VP Finance Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

B.

Full Name (Last, First, Middle Initial) Jon Sadayasu		Date of Receipt MM / DD / YYYY 09 / 10 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2402758
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation VP Finance Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.

Full Name (Last, First, Middle Initial) Jon Sadayasu		Date of Receipt MM / DD / YYYY 09 / 24 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2620259
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation VP Finance Controller	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Aisha Salaam		Date of Receipt MM / DD / YYYY 07 / 02 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1568288
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Skilled Healthcare LLC	Occupation SVP Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

B.

Full Name (Last, First, Middle Initial) Aisha Salaam		Date of Receipt MM / DD / YYYY 07 / 16 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1954187
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Skilled Healthcare LLC	Occupation SVP Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 700.00	

C.

Full Name (Last, First, Middle Initial) Aisha Salaam		Date of Receipt MM / DD / YYYY 07 / 30 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1954322
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Skilled Healthcare LLC	Occupation SVP Professional Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00	

SUBTOTAL of Receipts This Page (optional)	▶	150.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial)
Aisha Salaam

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 800.00

Date of Receipt
MM / DD / YYYY
08 / 13 / 2010

Transaction ID: A2010-2403022

Amount of Each Receipt this Period
50.00

B.

Full Name (Last, First, Middle Initial)
Aisha Salaam

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 850.00

Date of Receipt
MM / DD / YYYY
08 / 27 / 2010

Transaction ID: A2010-2402886

Amount of Each Receipt this Period
50.00

C.

Full Name (Last, First, Middle Initial)
Aisha Salaam

Mailing Address 27442 Portola Pkwy #200

City State Zip Code
Foothill Ranch CA 92610

FEC ID number of contributing federal political committee. **C**

Name of Employer Skilled Healthcare LLC Occupation SVP Professional Services

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt
MM / DD / YYYY
09 / 10 / 2010

Transaction ID: A2010-2402751

Amount of Each Receipt this Period
50.00

SUBTOTAL of Receipts This Page (optional) ► 150.00

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 46 / 50
	(check only one)
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Aisha Salaam		Date of Receipt MM / DD / YYYY 09 / 24 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2620253		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 50.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation SVP Professional Services			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 950.00			

B.	Full Name (Last, First, Middle Initial) Peter Stong		Date of Receipt MM / DD / YYYY 07 / 30 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1954409		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation VPO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00			

C.	Full Name (Last, First, Middle Initial) Peter Stong		Date of Receipt MM / DD / YYYY 08 / 13 / 2010		
	Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2403109		
	City Foothill Ranch	State CA	Zip Code 92610	Amount of Each Receipt this Period 35.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Skilled Healthcare LLC	Occupation VPO			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 245.00			

SUBTOTAL of Receipts This Page (optional)	120.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 47 / 50
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Peter Stong		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 27 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-2402974
Name of Employer Skilled Healthcare LLC		Occupation VPO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.00
		<input type="text"/> 280.00	

B.	Full Name (Last, First, Middle Initial) Peter Stong		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 10 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-2402839
Name of Employer Skilled Healthcare LLC		Occupation VPO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.00
		<input type="text"/> 315.00	

C.	Full Name (Last, First, Middle Initial) Peter Stong		Date of Receipt
	Mailing Address 27442 Portola Pkwy #200		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 24 / 2010
	City	State	Zip Code
	Foothill Ranch	CA	92610
	FEC ID number of contributing federal political committee. C		Transaction ID: A2010-2620340
Name of Employer Skilled Healthcare LLC		Occupation VPO	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 35.00
		<input type="text"/> 350.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 105.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Mary Thurber		Date of Receipt MM / DD / YYYY 07 / 09 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1954131
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00	

B.

Full Name (Last, First, Middle Initial) Mary Thurber		Date of Receipt MM / DD / YYYY 07 / 23 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-1954278
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

C.

Full Name (Last, First, Middle Initial) Mary Thurber		Date of Receipt MM / DD / YYYY 08 / 06 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2382412
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 50
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.

Full Name (Last, First, Middle Initial) Mary Thurber		Date of Receipt MM / DD / YYYY 08 / 20 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2402978
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	

B.

Full Name (Last, First, Middle Initial) Mary Thurber		Date of Receipt MM / DD / YYYY 09 / 03 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2402843
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 360.00	

C.

Full Name (Last, First, Middle Initial) Mary Thurber		Date of Receipt MM / DD / YYYY 09 / 17 / 2010
Mailing Address 27442 Portola Pkwy #200		Transaction ID: A2010-2620210
City Foothill Ranch	State CA	Zip Code 92610
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Skilled Healthcare LLC	Occupation Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 380.00	

SUBTOTAL of Receipts This Page (optional)	60.00
TOTAL This Period (last page this line number only)	6070.22

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Skilled Healthcare Group Inc. Political Action Committee

A.	Full Name (Last, First, Middle Initial) Susana Martinez for Governor	Transaction ID: B345765 Date of Disbursement
	Mailing Address 6125 Jornada N	<input type="text" value="08"/> / <input type="text" value="23"/> / <input type="text" value="2010"/>
	City Las Cruces State NM Zip Code 88012	Amount of Each Disbursement this Period
	Purpose of Disbursement G-2010 Governor NM	<input type="text" value="1200.00"/>
	Candidate Name Susana Martinez	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

B.	Full Name (Last, First, Middle Initial) Susana Martinez for Governor	Transaction ID: B346334 Date of Disbursement
	Mailing Address 6125 Jornada N	<input type="text" value="08"/> / <input type="text" value="27"/> / <input type="text" value="2010"/>
	City Las Cruces State NM Zip Code 88012	Amount of Each Disbursement this Period
	Purpose of Disbursement G-2010 Governor NM	<input type="text" value="1000.00"/>
	Candidate Name Susana Martinez	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

C.	Full Name (Last, First, Middle Initial) Committee to Elect Patrick Rose	Transaction ID: B346710 Date of Disbursement
	Mailing Address 27322 Ranch Road 12	<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2010"/>
	City Dripping Springs State TX Zip Code 78620	Amount of Each Disbursement this Period
	Purpose of Disbursement G-2010 State House 45 TX	<input type="text" value="500.00"/>
	Candidate Name Patrick Rose	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="2700.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="2700.00"/>